## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10616411

| CLAIMS AS FILED - PART I (Column 1) (Column   |                    |                                 |                 |             |                     |                                      |       | SMALL EN            | TITY          | OR     | OTHER<br>SMALL      |               |
|---|--------------------|---------------------------------|-----------------|-------------|---------------------|--------------------------------------|-------|---------------------|---------------|--------|---------------------|---------------|
| TOTAL CLAIMS  |                    |                                 | 20              |             |                     |                                      |       | RATE                | FEE           |        | RATE                | FEE           |
| FOR   |                    |                                 | NUMBER FILED    |             | NUMBER EXTRA        |                                      |       | BASIC FEE           | 385.00        | OR     | BASIC FEE           | 770.00        |
| TOTAL CHARGEABLE CLAIMS   |                    |                                 | 2.0 minus 20=   |             | *                   |                                      |       | X\$ 9=              |               | OR     | X\$18=              |               |
| INDEPENDENT CLAIMS  |                    |                                 | ( minus 3 =     |             | *                   |                                      |       | X43=                |               | OR     | X86=                |               |
| MULTIPLE DEPENDENT CLAIM P  |                    |                                 | RESENT          |             |                     |                                      |       | 4.45                |               |        | +290=               |               |
| * If the difference in column 1 is less than zero, enter  |                    |                                 |                 |             | r "0" in α          | column 2                             |       | +145=               | 200           | OR     |                     |               |
| CLAIMS AS AMENDED - PART II   |                    |                                 |                 |             |                     |                                      |       | TOTAL               | 385           | OR     | TOTAL OTHER         | THAN          |
|   | С                  | (Column 1)                      | MENDE           | PAH - (Colu |                     | (Column 3)                           |       | SMALL E             | NTITY         | OR     | SMALL               |               |
|   |                    | CLAIMS                          | T               | T HIGH      |                     | 1                                    |       |                     | ADDI-         |        |                     | ADDI-         |
| <b>AMENDMENT A</b>  |                    | REMAINING<br>AFTER<br>AMENDMENT |                 | PREVI       | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |       | RATE                | TIONAL<br>FEE |        | RATE                | TIONAL<br>FEE |
|   | Total              | *                               | Minus           | **          |                     | =                                    |       | X\$ 9=              |               | OR     | X\$18=              |               |
|   | Independent        | *                               | Minus           | ***         |                     | =                                    |       | X43=                |               | OR     | X86=                |               |
| _   | FIRST PRESE        | NTATION OF M                    | ULTIPLE DE      | PENDEN      | T CLAIN             |                                      | ļ     | +145=               |               | OR     | +290=               |               |
| TOTAL   |                    |                                 |                 |             |                     |                                      |       |                     |               |        | TOTAL               |               |
| ADDIT. FEEOR ADDIT. FEE   |                    |                                 |                 |             |                     |                                      |       |                     |               |        |                     |               |
| (Column 1) (Column 2) (Column 3)  |                    |                                 |                 |             |                     |                                      |       |                     |               |        |                     |               |
| AMENDMENT B   |                    | CLAIMS                          |                 | 1           | HEST .              | DOSCENIA                             |       |                     | ADDI-         |        |                     | ADDI-         |
|   |                    | REMAINING<br>AFTER              |                 |             | MBER<br>OUSLY       | PRESENT<br>EXTRA                     |       | RATE                | TIONAL        |        | RATE                | TIONAL        |
|   |                    | AMENDMENT                       |                 |             | FOR                 |                                      | 1     |                     | FEE           |        |                     | FEE           |
|   | Total              | *                               | Minus           | **          |                     | =                                    |       | X\$ 9=              |               | OR     | X\$18=              |               |
|   | I .dependent       | *                               | Minus           | ***         |                     | =                                    |       | X43=                |               | OR     | X86=                |               |
|   | FIRST PRESE        | NTATION OF M                    | OLTIPLE DE      | PENDEN      | I CLAIN             |                                      | ً ال  | +145=               |               | OR     | +290=               |               |
|   |                    |                                 |                 |             |                     |                                      |       | TOTAL               |               | OR     | TOTAL<br>ADDIT. FEE |               |
|   |                    |                                 |                 |             |                     |                                      |       | ADDIT. FEE          |               | 2      | ADDIT: I EE         |               |
| (Column 1) (Column 2) (Column 3)  |                    |                                 |                 |             |                     |                                      |       |                     |               |        | 7 . <u></u>         |               |
| AMENDMENT C   | `                  | REMAINING                       |                 |             | MBER                | PRESENT                              |       |                     | ADDI-         | 1      |                     | ADDI-         |
|   |                    | AFTER                           |                 |             | IOUSLY              | EXTRA                                |       | RATE                | TIONAL<br>FEE |        | RATE                | TIONAL<br>FEE |
|   |                    | AMENDMENT                       |                 | PAIL        | FOR                 |                                      | -[    |                     | FCC           | 1      |                     | 1-1           |
|   | Total              | *                               | Minus           | **          |                     | =                                    |       | X\$ 9=              |               | OR     | X\$18=              | <b></b>       |
|   | Independent        | *<br>ENTATION OF M              | Minus           | ***         | IT CLAIR            | =                                    | -     | X43=                |               | OR     | X86=                |               |
| <u> </u>  | FIRST PRESE        | INTATION OF M                   | OLTIPLE DE      | LENDEN      | II CLAIN            | <u>"</u>                             |       | +145=               |               | OR     | +290=               |               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  All |                    |                                 |                 |             |                     |                                      |       |                     |               | ┨      | TOTAL               |               |
| **  | If the "Highest Nu | mber Previously F               | aid For" IN Th  | HIS SPACE   | is less th          | an 20, enter "20<br>an 3. enter "3." |       | TOTAL<br>ADDIT. FEE | <u> </u>      | OR     | ADDIT. FEE          | L             |
|   | The "Highest Nur   | nber Previously P               | aid For" (Total | or Independ | dent) is th         | ne highest numb                      | er fo | ound in the ap      | propriate bo  | x in c | olumn 1.            |               |